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Self-ControlFlexibility, ability to cope, adaptability, acceptance, and willpowerSelf-ConfidenceStrength, self-reliance, determination, resourcefulness, perseverance, courage, optimism, and humorExternal FactorsPersonal RelationshipsFriends, loved ones, colleagues, and othersPurpose and MeaningThings that motivate or inspire youCommunities and Social SupportYour tribe, including people who can empathize with your circumstances at lifes challenging momentsThese factors and the assessment are adapted from Sood and his teams model of resilience, which has been validated and proven reliable through numerous clinical trials. Sood is also author of The Mayo Clinic Guide to Stress-Free Livingand The Mayo Clinic Handbook for Happiness.Download the Discover the Resilient You workbook written by Sood for Everyday Health. Home Directory of Survey Instruments Connor-Davidson Resilience Scale (CD-RISC) The Connor-Davidson Resilience Scale (CD-RISC) was created to address aspects of resilience and for use in clinical practice. Resilience is the capacity to overcome adversity. The CD-RISC is a 25 item scale that has been studied in a variety of populations such as, members of different ethnic groups and cultures, Alzheimers caregivers, adolescents, elders, patients in treatment for PTSD, military medical personnel, medical students, college students, survivors of various traumas, social workers, and even select professional or athletic groups. Although the means scores vary with settings, the psychometric properties of the RISC hold up in almost all studies. There are two more brief versions of the 25-item Connor-Davidson Resilience Scale, there is a 10-item (CD-RISC 10), The CD-RISC 10 can range in score from 0-40 and is made of questions 1, 4, 6, 7, 8, 11, 14, 16, 17, and 19 from the original 25-item scale. This scale was developed by Dr. Laura Cambells-Sills and Dr. Murray Stein at the University of California, San Diego. The second version is the CD-RISC 2, this is based on items 1 and 8 from the original scale and can score from 0-8. The original authors developed this scale to measure bounce-back and adaptability. Authors Jonathan R.T. Davidson & Kathryn M. Connor To Access this Instrument Connor-Davidson Resilience Scale Reliability and Validity The Connor-Davidson Resilience Scale (CD-RISC) has been studied and validated within several groups (South African and Chinese adolescents, Korean students, firefighters, nurses, and Indian students). The studies conducted among the Chinese adolescents and Korean students showed that the original five-factor model of the CD-RISC was reproducible, the studies in India, South Africa, Australia and the United States did not find the model to be reproducible. Additionally, in two studies (Cambells-Sills and Stein, 2007) the original 25-item CD-RISC was even shown to be unstable over two identical populations. This led to the development of the 10-item version of the instrument. The CD-RISC 10 established concrete psychometric factors. Administration, Analysis and Reporting Intellectus Consulting can assist the student or professional researcher in administering the survey instrument, collecting the data, conducting the analyses and explaining the results. For additional information on these services, click here. Dissertations that have used the Connor-Davidson Resilience Scale (CD-RISC) Mamerow, Madonna Marie. 2008. Biopsychosocial Outcomes of a Resilience and Diabetes Self-Management Education Intervention in African American Adults with Type 2 Diabetes. (University of Texas at Austin). Mercer, Carol J. August 2010. College Student Resilience: Selected Effects of Service-Learning. (University of North Texas). Stephens, Teresa Maggard. May 2012. Increasing Resilience in Adolescent Nursing Students. (University of Tennessee, Knoxville). References Cambells-Sills, Laura & Stein, Murray B. 6 December 2007. Psychometric Analysis and Refinement of the Connor-Davidson Resilience Scale (CD-RISC): Validation of a 10-Item Measure of Resilience. Journal of Traumatic Stress. Volume 20, Issue 6. Kansas Journal of Medicine, 2013. A Modified CD-RISC: Including Previously Unaccounted for Resilience Variables. This website uses cookies to improve your experience. We'll assume you're ok with this, but you can opt-out if you wish. Accept Read More The 25-item Resilience Scale (RS) is likely the most popular scale in the world to measure resilience. You don't need research any further for an outstanding tool to measure resilience. After 30 years of research, we know that our measures are Reliable, Valid, Proven. The Resilience Scale (RS) has been translated into dozens of languages (see below). Requested by thousands of researchers. Published in dozens of journals (see Bibliography). When you purchase a licensing agreement, you will also receive the indispensable Resilience Scale User's Guide, which is sent electronically so you will have it within 48 hours M-F. Please read on if you are interested in more specific information about the Resilience Scale (RS). The 25-item Resilience Scale (RS) is the original resilience measure and considered the gold standard for resilience assessments among researchers around the world. It is a highly valid and reliable 25-item measure and measures resilience in any setting. It was first published in 1993 and is the first resilience assessment to measure resilience directly. I began the research for this measure in the early 1980s while I studied healthy aging among older adults and psychosocial adaptation to ischemic heart disease among women. I have always been curious about how people adapt during and after major losses and other difficult life events and the Resilience Scale (RS) measures the inner strengths required to adapt positively. The Resilience Scale (RS) measures strengths rather than limitations. Evidence shows that the more resilient you are the better able you'll be to handle stress. Reliability Cronbachs alpha ranges from .87 to .95. Construct Validity A variety of methods have been used to assess the construct validity of the Resilience Scale (RS) and the accumulation of this evidence over the years supports and continues to support the construct validity. These methods include content analysis, known groups, convergent/discriminant studies, correlation studies, factor analysis, and pretest-posttest intervention studies. A review of the Bibliography on this website will demonstrate the wide range of studies that have established the construct validity. We have learned that resilience (measured by the Resilience Scale (RS)) is positively associated with self-esteem, active coping, forgiveness, health promotion, family health, psychological well-being, sense of community, social support, sense of coherence, healthy lifestyle behaviors, self-care during chronic illness, purpose in life, self-transcendence, religiosity, optimism, high physical function, spiritual well-being, goal achievement, and many other positive qualities. We have learned that resilience measured by the Resilience Scale (RS) is inversely related to hopelessness, helplessness, passive coping, stress, number of perceived stress events, depression, anxiety, fibromyalgia impact, battle fatigue stress, compassion fatigue, burnout, employee turnover, and other events. Age groups The Resilience Scale (RS) is written at the 6th grade level (12-13 years) and can be completed in about 5-7 minutes for most people. Translations The Resilience Scale (RS) is available in the following languages: Bosnian, Chinese, Chinese (Taiwanese), Creole, Czech, Danish, Dutch, English, Finnish, French, German, Greek, Hebrew, Hindi, Icelandic, Italian, Japanese, Korean, Lithuanian, Malay, Nepali, Persian, Polish, Portuguese (Portugal), Portuguese (Brazil), Romanian, Russian, Sinhalese, Slovenian, Spanish Castilian, Spanish, Swedish, Tamil, Turkish, and Urdu. Examples of items include: I can usually look at a situation in a number of ways. I am determined. My life has meaning. Use of the Resilience Scale (RS) The Resilience Scale (RS) is not offered online. Its primary purpose is for graduate student research and for established researchers in the university setting. If you would like an online measure for your organization, wellness program, workshop, university or school setting, we offer the online Resilience Assessments for Adults and Youth. Indispensable to the use of the Resilience Scale is the Resilience Scale User's Guide, which is sent electronically within 48 hours M-F when you purchase a licensing agreement. Frequently Asked Questions The RS has been used with age groups as young as early teens (13 and 14 years old) as well as the very old (greater than 100 years old). The Flesch Reading Ease is 65.3, which is easily understandable by most 13-year olds. The Flesch-Kincaid Grade level is 6.4, which corresponds with the grade level. The RS has been associated with health promoting behaviors and self-management of illness in prior studies. More importantly, the RS measures the five core characteristics of resilience (purpose, perseverance, self-reliance, equanimity, and authenticity). Individuals, who have a reason to get up in the morning, believe they are capable, and have a drive to keep going, may be more likely to self-manage illness well. This means that a moderate to moderately high score using the RS may indicate better self-management potential. Using the RS, the data from thousands of respondents strongly suggest that as one's scores on the RS increase. In a recent study of 1,061 individuals, the average RS scores for those younger than 30 were about 133 and for those older than 60, the RS scores averaged 143. For each 10 year age group, the score increased by 2-3 points. The RS is consistently and significantly related to symptoms of depression, anxiety, and perceived stress. When the RS scores increase, symptoms of depression, anxiety, and stress decrease. The Terms of Use state that if you choose to use the RS in your research, you are not allowed to change the wording, number of items, responses, and so forth of the RS. This is because the reliability and validity of the RS have been tested and reported in its current form and to change the scale may alter the validity and reliability of the RS. The first thing you need to do is check with me to see if it has already been translated or is in the process of being translated. Then, once you have translated the RS, retaining the response categories and number of items, it needs to be back-translated to English by someone blind to the original English RS. The back-translated instrument needs to then be compared to the original RS. I am happy to read back-translated versions for accuracy in meaning also. If you are interested in translating the RS, RS14, TRS, or RS10 to a different language, we will require that you follow the WHO translation requirements. Please email me for more information. The is a well-established psychological assessment tool that measures resilience, which is the capacity to cope with and recover from stress and adversity. This scale was developed by psychiatrists Kathryn M. Connor and Jonathan R.T. Davidson and is seen as an important instrument for assessing personal resilience in various contexts. The CD-RISC consists of 25 items, each evaluated on a five-point scale. The assessment covers a range of factors that contribute to resilience, such as the ability to tolerate negative emotions, the capability to derive strength from stressful experiences, and the establishment of secure relationships. Each component provides a multi-dimensional perspective on an individual's overall resilience. While the CD-RISC is frequently used in clinical settings to evaluate patients' mental health resilience, it is also employed across various research domains. Fields such as psychology, health studies, and the social sciences have utilized this tool to understand and measure the resilience of different populations and study groups. Click here to view on YouTube The Connor Davidson Resilience Scale (CD-RISC) is a self-reporting questionnaire individuals complete to assess their personal resilience level. The process of undertaking the CD-RISC involves several crucial steps: Step 1: Familiarizing Yourself with the Scale The CD-RISC consists of 25 items. Each item is rated on a scale of 0 to 4, with '0' indicating "not true at all" and '4' indicating "true nearly all the time." The overall design of the scale allows for a comprehensive examination of an individual's resilience. A higher total score on the scale suggests greater personal resilience. Step 2: Filling Out the Questionnaire The next step involves actively engaging with each item on the scale. Participants are encouraged to respond honestly and to base their responses on their feelings and experiences over their past month. The aim is to provide a snapshot of their current resilience levels rather than a historical overview. Step 3: Scoring Once the questionnaire is completed, scoring involves adding the numbers attributed to each item. Each item's score contributes to a cumulative total, providing a quantitative measure of resilience. Step 4: Interpreting the Results The total possible score on the CD-RISC ranges from 0 to 100. A higher score represents a higher level of resilience. This numeric representation of resilience can aid in personal reflection, therapeutic interventions, or further resilience research. To ensure wide accessibility, we have a Printable Connor Davidson Resilience Scale PDF. This ensures that anyone wishing to evaluate their resilience can readily use the CD-RISC in a format that suits their needs. The Connor Davidson Resilience Scale (CD-RISC) is a flexible and valuable tool widely utilized in various professional settings and contexts. Here are some specific scenarios when it would be appropriate to employ this resilience measure: Healthcare Professionals and Counselors Healthcare professionals, including mental health specialists and counselors, can use the CD-RISC as a therapeutic tool to assess and monitor their clients' resilience levels. It can help identify strengths and areas for improvement in coping with stress, adversity, or trauma. This can further inform the development of personalized treatment plans to enhance resilience. Psychologists For psychologists, especially those specializing in resilience and stress management, the CD-RISC can be an essential instrument. It can aid in understanding a person's capacity to withstand or bounce back from adverse situations, providing valuable insights for therapy and research. Clinical Research The CD-RISC is of significant value in clinical research, particularly in mental health. Researchers can use it to investigate the role of resilience as a protective factor against various mental health disorders. It can offer quantifiable data to support research findings and hypothesis testing. Non-clinical Contexts Beyond healthcare and research, the Connor Davidson Resilience Scale can also be useful in non-clinical settings. For instance, educational institutions, community organizations, or workplaces might employ the CD-RISC to assess students, community members, or employees' resilience levels. Diverse Populations Given its broad applicability, the CD-RISC can be employed across diverse populations, from adolescents to adults. It comprehensively explains resilience across age groups, cultural backgrounds, and life circumstances. The Connor Davidson Resilience Scale is a robust and versatile tool for assessing resilience in clinical and non-clinical contexts, proving its value for many practitioners and researchers. The Free Connor Davidson Resilience Scale (CD-RISC) offers several notable benefits, making it an invaluable tool for those interested in measuring resilience. Here are some key advantages to using this scale: Quantitative Measure of Personal Resilience The CD-RISC offers a quantifiable way to measure an individual's resilience. It provides a numeric representation of how well a person can adapt to and recover from stress and adversity. Identifying Areas of Growth By highlighting areas where an individual may struggle with adversity, the scale serves as a tool for identifying areas for growth and development. It can assist in pinpointing where enhanced coping strategies may be needed. Tracking Resilience Progress Over Time The CD-RISC isn't just a one-time-use tool. Repeated use can monitor changes in resilience over time, demonstrating the effectiveness (or lack thereof) of certain interventions, therapies, or personal growth strategies. Informing Personalized Treatment Plans For healthcare professionals and counselors, results from the CD-RISC can provide valuable insights that can help inform personalized treatment plans. By identifying a client's resilience level, practitioners can tailor interventions that will help bolster their client's resilience. Ease of Use and Accessibility The Free Connor Davidson Resilience Scale is straightforward to administer and interpret, making it user-friendly for professionals and laypeople. The availability of formats such as the Printable Connor Davidson Resilience Scale PDF also adds to its accessibility and convenience, allowing it to be used almost anywhere. Overall, the Connor Davidson Resilience Scale is a versatile, easy-to-use, and insightful tool for measuring and understanding resilience, offering valuable benefits to a broad range of users. The Connor Davidson Resilience Scale (CD-RISC) has gained considerable recognition since its inception in 2003, lacking by a substantial body of research attesting to its effectiveness and robustness. This research and evidence provide a compelling case for its utility in assessing resilience across diverse contexts and populations. Historical Overview Developed by psychiatrists Kathryn M. Connor and Jonathan R.T. Davidson, the CD-RISC was initially designed to measure resilience within clinical populations dealing with mental health issues, particularly stress and trauma-related disorders. The scale was created based on the premise that resilience, defined as the ability to bounce back from adversity and maintain mental health, can be quantitatively measured and evaluated. Current Research and Validation Over the years, numerous studies have affirmed the CD-RISC's validity and reliability across various cultural contexts. It has been administered to different demographic groups, including adolescents, adults, the elderly, clinical and non-clinical populations, and individuals experiencing a variety of life stressors. The scale's efficacy is not limited to one group or context, demonstrating its broad applicability. Moreover, the CD-RISC has been translated into several languages, making it accessible to non-English-speaking populations and further expanding its global reach. It has been utilized in hundreds of studies worldwide, contributing to its standing as a well-respected and widely used measure of resilience. The Future of CD-RISCs As we look to the future, the Connor Davidson Resilience Scale continues to hold promise as a tool for further exploration and understanding of resilience. It is anticipated that the CD-RISC will remain a pivotal instrument in research into mental health, stress management, and resilience building. It may also find increasing use in non-clinical settings, such as schools or workplaces, where understanding and fostering resilience can be instrumental in promoting well-being and productivity. The evidence supporting the CD-RISC is comprehensive and growing. This solid research foundation underscores its value as a valid, reliable, and globally applicable tool for assessing resilience. Healthcare practitioners, psychologists, counselors, and researchers use the CD-RISC. The CD-RISC can be used anytime there is a need to measure an individual's resilience, particularly in the face of stress or adversity. Individuals rate their agreement with the 25 items on a scale of 0 to 4. The total score, ranging from 0 to 100, represents the individual's resilience. The aim of this paper was to critically evaluate the Resilience Scale (RS). The RS is a standardized 25-item self-report assessment tool that measures the degree of individual resilience focusing on positive psychological characteristics instead of deficits. Participants are required to rate, using a 7-point Likert item, how much they agree or disagree with the statements and how much they identify with them; higher scores reflect higher levels of resilience. The test authors suggest that five dimensions underpin the RS: equanimity, perseverance, meaningfulness, self-reliance, and existential aloneness, and the scale loads onto two factors described as personal competence and acceptance of self and life. However, there is little empirical support for the conceptual framework. The tool has been translated and validated in several languages as well as administered to over 3 million people around the world in 150 countries, making it the most widely used resilience measure. Nevertheless, there are questions with regards to the underlying construct and content validity, since the proposed theoretical constructs underpinning the scale are open to debate. Despite its popularity and apparent reliability, there are potential difficulties with the measure which are presented here. Finally, it is suggested that the scale would benefit from further examination of the underlying constructs which contribute to resilience. Article Open access 02 December 2024 Discover the latest articles and news from researchers in related subjects, suggested using machine learning. Use our pre-submission checklist Avoid common mistakes on your manuscript. Over the past few decades, the term resilience has been used in many disciplines generating several theories and definitions. As a psychological construct, resilience has been highly valued due to its close relationship with the ability to moderate the negative effects of stress and promote adaptation to the environment under adverse circumstances (Ahern et al., 2006; Ng Deep & Leal, 2012; Wagnild & Young, 1993). It denotes the capacity of positively facing adversity and bouncing back (Windle et al., 2011, p. 2) under a perspective of health and well-being promotion, as well as of quality of life (Ng Deep & Leal, 2012). Some authors have described that resilient individuals possess self-esteem, self-confidence, belief in self-efficacy, and control over the environment, which enables them to succeed in spite of stressors (Beardslee, 1989; Caplan, 1990; Rutter, 1987; Wagnild & Young, 1993). It is, however, important to note that for some authors resilience is considered a transactional process mediated between the person and the environment, and while this interaction keeps changing throughout life, so does the individuals ability to be resilient (Pinheiro et al., 2015; Reppold et al., 2012; Windle, 2010). Resilience represents the mitigation of risk factors and the enhancement of protective factors, as well as the interaction between the two (Ahern et al., 2006). It is a dynamic process with a multidimensional nature, and, as such, there has long been a question of whether those dimensions are a product of underlying personality traits which give rise to resilience or whether resilience is itself a distinct trait or state. The debate of state vs. trait according to the Resilience Scale (RS) authors (Wagnild & Young, 1993) is difficult to resolve due to the complex nature of resilience. According to interdisciplinary studies involving biosciences and behavioral sciences, there is a contribution of genetics as well as interactions with the environment that play a role in building resilience (Cicchetti & Blender, 2006; Feder et al., 2009; Haglund et al., 2007; Plomin & Spinath, 2004). Based on this reasoning, the authors believe that resilience is a result of both state and trait and, as such, resilience can be strengthened (Wagnild, 2009). Part of the problem with this argument is that it circumvents any specific details of what characteristics (in concrete psychological terms) help to build resilience. This is reflected in the confusing terminology used in the measure (more details in the overview section), which deviates from the terms used to describe it in the literature that most of the work in this area has been based upon. The origins of the concept of resilience can be found in two main bodies of literature: the physiological aspects of stress and the psychological aspects of coping (Tusaie & Dyer, 2004). Resilience has evolved from a variety of earlier concepts including hardness (e.g., Kobasa, 1979), adaptability to change (e.g., Rutter, 1985), and the concept of ego-resilience incorporated in early personality inventories such as the MMPI (Hathaway & McKinley, 1943). Perhaps the core constructs which typically emerge across definitions are self-efficacy, adaptability, and problem-solving; none of which are used to describe the proposed dimensions within the RS. Applying new labels to pre-existing constructs is generally unhelpful in psychological measurement. For these to be acceptable in measurement terms, they must be empirically based. It is evident that interest in the concept of resilience is growing, however, due to the recognized complexity of the construct, and the little consensus among researchers on the definitions and measurement, it has been a challenge to develop a single operational definition of resilience (Luthar & Cicchetti, 2000; Luthar et al., 2000; Wagnild, 2009; Windle et al., 2011). To tackle this issue, authors and work programs have conducted reviews of the literature and concept analyses to provide a benchmark to allow the operationalization of the concept and the ability to measure it (Windle et al., 2011). The ability to measure the mind has been a subject of research and debates within the field of psychology for many years (Thurstone, 1928). Psychometric tests, essentially, a standard and scientific method used to measure individuals mental capabilities, behavioral styles, attitudes, and beliefs. These are grounded in classical and modern measurement theory (e.g., Kline, 1996, 2000) which requires that they meet a scientific standard in terms of measurement properties (reliability), but that they also have a clear basis in robust theory that supports the construct (validity). And, as the need for reliable and valid instruments to assess resilience increased, so did the need to ensure data quality (Ahern et al., 2006). One way to warrant this quality is to exclusively use measures that have undergone a validation procedure, demonstrating that they accurately measure the intended construct, independently of who responds, when they do it, and to whom (Windle et al., 2011). The items should also reflect the concepts and theory they are proposing to measure and the meaning must be instantiated within the test items (e.g., Barrett, 2005; McGrath, 2005). A number of tests have been developed to assess resilience, and these have been informed by the same literature exploring characteristics of resilient people, with an emphasis on Rutters (1985) work. In Rutters view, resilience is the capacity to resist psychiatric disorder, and so it includes protective factors such as psychological traits, social organization and dynamics surrounding an individual. This acknowledges that resilience is a product of a persons underlying dispositions, mediated by learning and interpersonal situations which precipitate resilient responses. Any test which purports to measure resilience needs to be grounded in a theoretical framework of this kind in order to be valid. Although the focus of this paper is the Resilience Scale (Wagnild & Young, 1993), over the years, several subsequent scales have been created in order to measure resilience. Ahern et al. (2006) conducted a review of instruments measuring resilience with the specific application to adolescent populations. Using inclusion and exclusion criteria, six psychometric instruments underwent a full review (Baruth & Carroll, 2002; Connor & Davidson, 2003; Frbrory et al., 2003; Oshio et al., 2003; Sinclair & Wallston, 2004; Wagnild & Young, 1993). While the instruments had limitations in terms of psychometric properties, the authors believe that resilience is a result of both state and trait and, as such, resilience can be strengthened (Wagnild, 2009). Part of the problem with this argument is that it circumvents any specific details of what characteristics (in concrete psychological terms) help to build resilience. This is reflected in the confusing terminology used in the measure (more details in the overview section), which deviates from the terms used to describe it in the literature that most of the work in this area has been based upon. 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A number of tests have been developed to assess resilience, and these have been informed by the same literature exploring characteristics of resilient people, with an emphasis on Rutters (1985) work. In Rutters view, resilience is the capacity to resist psychiatric disorder, and so it includes protective factors such as psychological traits, social organization and dynamics surrounding an individual. This acknowledges that resilience is a product of a persons underlying dispositions, mediated by learning and interpersonal situations which precipitate resilient responses. Any test which purports to measure resilience needs to be grounded in a theoretical framework of this kind in order to be valid. Although the focus of this paper is the Resilience Scale (Wagnild & Young, 1993), over the years, several subsequent scales have been created in order to measure resilience. Ahern et al. 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